



A Family Event and Benefit For The



PO Box 4134
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970-879-4370
www.communityagalliance.org

Saturday June 12, 2010

EQUINE CERTIFICATE OF HEALTH

I have examined _____,
(Horse Name)

Belonging to _____,
(Owners Name)

on this _____ day of _____, 2010.

I have found no evidence of contagious communicable diseases.

Veterinarian's Signature

Contact Information for Veterinary Questions or Concerns:
(Business Card May Be Attached)

THIS CERTIFICATE IS VALID FOR 30 DAYS

